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## \*BIBDATASHEET\*

CONFIRMATION NO. 4570

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/688,253	<b>FILING OR 371(c) DATE</b> 10/16/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b> 22570-028001
<b>APPLICANTS</b> Oleg Mosesov, Maple Grove, MN; Perry Mills, Arden Hills, MN;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/21/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 38
			<b>INDEPENDENT CLAIMS</b> 8	
<b>ADDRESS</b> 26194				
<b>TITLE</b> WIRELESS COMMUNICATION WITH IMPLANTABLE MEDICAL DEVICE				
<b>FILING FEE RECEIVED</b> 762	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	